

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-008324

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1781

STATE FILE NUMBER

FILED FEB 28 1963

1. PLACE OF DEATH
a. COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

St. Louis, Mo.

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE

Missouri

COUNTY

Inside Limits

Yes ☐ No ☐c. CITY
OR TOWN

St. Louis

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

5456 Alabama

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

5456 Alabama

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Leo

L.

Bernd

4. DATE OF DEATH

Month

Day

Year

Feb. 18, 1963

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Nov. 10, 1892

9. AGE (last birthday)

70

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ret. Clerical, Southern Equip.

10b. KIND OF BUSINESS OR INDUSTRY

Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Aug. Bernd

13b. MOTHER'S MAIDEN NAME

Marie Kuethmann

14. NAME OF HUSBAND OR WIFE

Frances Bernd

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown) (If yes, give year or dates of service)

yes

World War I

16. SOCIAL SECURITY NO.

unk

17. INFORMANT

Frances Bernd 5456 Alabama, St. Louis, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Occlusion

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arterio Sclerotic C.V.R. Disease

DUE TO (c)

4201

INTERVAL BETWEEN ONSET AND DEATH

15 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

11-20-60 to 2-18-63

and last saw him alive on 2-15-63

Death occurred at

9:30

am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Charles A. Kester M.D.

22b. ADDRESS

3654 S. Grand

22c. DATE SIGNED

2-18-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

removal

23b. DATE

2-21-63

23c. NAME OF CEMETERY OR CREMATORY

National Cem.

23d. LOCATION (City, town, or county)

Jeff. Brks, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Southern Funeral Home
6322 S. Grand, St. Louis, Mo.

25. DATE RECD. BY LOCAL REG.

FEB 18 1963

26. REGISTRAR'S SIGNATURE

Karl Smith, M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Samuel O. Dill

Licensed Embalmer No. 4347

P. O. Address

6322 So. Grand

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.